

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28164
6893
Registrar's No.

FILED AUG 23 1948
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5736 Westminster Place 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME HERBERT OESTERLE ROSS.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-01-6651

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lela Meredith Ross.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 4 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months --- Days ---

If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia, Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation President;

11. Industry or business Ross-Gould Printing & Advertising.

MOTHER FATHER

12. Name Augustus Ross.

13. Birthplace unknown Maine. 1
(City, town, or county) (State or foreign country)

14. Maiden name Helen Smith.

15. Birthplace unknown Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela M. Ross.

(b) Address 5736 Westminster Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-5-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) AUG 5 - 1948 (Date received local registrar)

(b) J. T. Biedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5736 Westminster Place.
5 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
year 1948 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from February 2, 1948, to August 4, 1948.
that I last saw him alive on August 3, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis 2 yrs.

Due to Myocardial Failure 6 mos.

Due to Marked edema and Toxemia 6 mos.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. W. Norton (M. D. or other M. D.)
Address 634 No. Grand Blvd. Date signed 8/5/48

Mo. Theatre Bldg.
JE-6646
11 to 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Arnold W. Schoene*.....

-- Licensed Embalmer No. *3864*.....

P. O. Address *St. Louis, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.